Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509 www.dpor.virginia.gov



Virginia Board for Barbers and Cosmetology SALON, SHOP, SPA & PARLOR LICENSE/REINSTATEMENT APPLICATION

A check or money order payable to the TREASURER OF VIRGINIA, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

		S	elect <u>or</u>	<u>ne</u> lícer	ıse type you	ı are reque	esting:				
	Licence Type	Initial Reinst		itement 20)		Licence Tu		Initial (1020)	Reinstatement (4020)		
	License Type	\$130.00		0.00	License Type			\$130.00	\$260.00		
	1304 - Barber Shop			7	1238 - Perm	anent Cosme	etic Tattoo Salon				
	1202 - Cosmetology Salon				1242 - Body	Piercing Salo	on				
	1208 - Nail Salon				1246 - Body Piercing Ear Only Salon						
	1218 - Waxing Salon				1266 - Esthetics Spa						
	1232 - Tattoo Parlor										
	Provide your Virginia Salc	n, Shop,	Spa or	Parlor	· License Nu	umber (if a _l	oplicable)				
	Virginia License Numbe	r 🔲					Expiration D	ate			
	Ducinoce or Cala Dranriot	or Namo									
•	Business or Sole Proprietor A sole proprietor should must be the same as the	enter his/he							Frade/DBA name. All nam		
	Trade, "Doing Business A										
	•					locality wher	e business will be	conducted	(if required by the locality)		
	A. Type of business en										
	31	☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ◆ ☐ Other, please specify:									
	☐ Corporation •						ity Company	• • . , p	.ouoc opcomy.		
	Other: Association, Bus Professional Limited Liabil						Liability Partners	nip, Non Pro	fit, Professional Corporation		
	B. State Corporation Con	State Corporation Commission Number: (If applicable)									
	the Virginia State Corpor under the laws of the Cor trade or fictitious names conducted. For additiona General Partnerships m	If your business is a corporation , limited liability company , or limited partnership , your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entitie under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register and trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733. General Partnerships must attach a copy of statement of partnership filed with the clerk of the court in the locality where business will be conducted or a certificate of partnership issued by the Virginia State Corporation Commission.									
	Provide <u>one</u> of the following	ng identifi	cation n	umber	s*:						
	☐ Business Federal Em	ployer Iden	tification	Numbe	er (FEIN)						
	Sole Proprietor's/Indiv	Federal Employer Identification Number (12-3456789) Sole Proprietor's/Individual's Social Security Number or									
		<u>Virginia</u> Department of Motor Vehicles Control Number Social Security or Virginia DMV Number (123-45-6789)									
		Provide the same identification number as used on previous applications or licenses on file with the department.									
	* State law requires every app	State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.									
FICE SE	DATE FEE	TRAN	S CODE		ENTITY #		FILE #/LICENS	E#	ISSUE DATE		
NLY											

6.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.	City		State Zip Code	e			
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	Check here if Street Address is the <u>same</u> as the Mailing Address listed above.						
8.	Contact Numbers	City		State Zip Code	e			
9.	Primary Tel Email Address	ephone	Alternate Telephone	Fax	Fax			
	Email addr	Email address is considered a public record and will be disclosed upon request from a third party.						
10.	Enter the following information for each Full Name	owner of the salor Address	n, shop, spa, or parlor. Date of Birth	Social Security No. or VA DMV Control Number*				
			lificate, registration or other authorization of other authorization of other authorization are a contract of the contract of					
11.	Has this business/organization or anyone listed on this application (owner) ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? No Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>							
12.	Has this business/organization or anyone listed on this application (owner) ever been refused or denied a business professional or occupational license, certification, or registration as a practitioner or instructor in the fields of barbering cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing by any (including Virginia) local, state or national regulatory body? No Yes If yes, complete the Denial of Licensure Reporting Form.							
13.	regardless of the manner of adjud contendere shall be considered a No							
	B. Has this business/organization or regardless of the manner of adjud of nolo contendere shall be considered.	ication, in any juris dered a conviction.	diction of the United States of	-				
14.	Yes							
14.	by signing this application, i certily the	ionowing statemen	ເວ.					

• I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.

- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology, Wax Technician, Body Piercing, Tattooing, and Esthetics Regulations.*

Print Name	Title		
Signature	•	Date	